

Barriers to optimal mental health care for lesbian, gay, bisexual, and transgender (LGBT) clients in Europe

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ILGA, Geneva, 2006

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<http://www.lesbengesundheit.de>

Access to health care

need



mental health care
services



Access to health care

need

barriers

mental health care services



- worse health outcomes
- increasing health disparities

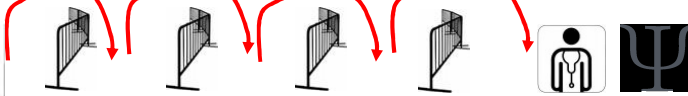
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Access barriers

[Norris/Aiken 2006; Wörz 2006]

financial geographical provider user

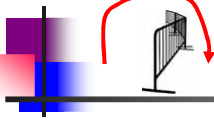


- financial coverage / health insurance
- geographical barriers: local availability
- barriers on the provider side:
 - culturally appropriateness of services
- barriers on the user side:
 - utilization behaviour

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financial



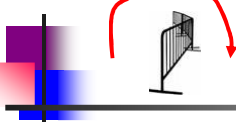
Financial barriers & LGBT

- LGBT specific needs: coverage of support and counseling during coming-out, psychotherapy during gender transition / sex change
- equal benefits for same-sex partners?
- LGBT refugees: coverage of psychotherapy?
- interaction with gender equity for lesbians: female poverty, exclusion from paid work, lower wages for women

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geographical



Geographical barriers

- local availability of mental health services?
- waiting lists?
- availability of LGBT-friendly and –accepting providers?

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International Lesbian and Gay Association (ILGA)
Europe (2006):

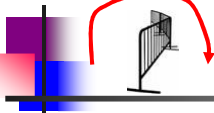
Accessing health: the context and the challenges for
LGBT people in Central and Eastern Europa

	Bosnia & Herzegovina	Romania	Hungary
No. of respondents	183	392	146
Female	35.5 %	15.6 %	24.7 %
Male	61.7 %	81.4 %	62.5 %
Do you know of the existence of an LGBT specific or friendly provider of mental health services / counseling?	39 %	38.3 %	62.8 %
If no: Would you use it, if it existed?	48.1 %	85.2 %	70 %

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provider



Barriers on the provider side:
the lack of culturally appropriate
services for LGBT

- Discriminatory attitudes
- Assumption that clients are heterosexual or asexual
- Harmful mental health practices (e.g. conversion attempts)
- Lack of knowledge about LGBT-specific health needs
- Lack of knowledge about LGBT persons and communities

- Lack of skills and concepts for service provision to people who have experienced lesbo/homo/transphobic violence, childhood abuse, sexist/gender-related or racist violence, or abuse in same-sex partnerships

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Lack of LGBT specific knowledge

"No one has a clue how to speak
to a Gay man with an eating disorder."

gay male participant,
"Count Me In Too" survey on mental health (UK, 2008)

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Harmful practices: Ana Dragičević / Croatia (2009)

Ana Dragičević, godinu dana poslije

Autor/ica: suster



Foto: N. Pavlečić

Prošlo je više od godine dana
otkako je priča Anine Dragičević
izašla u javnost.

Da podsjetimo, Ana je provela
preko pet godina u Psihijatrijskoj
ustanovi Lopača, u koju su je kao
šesnaestogodišnjakinju smjestili
roditelji kako bi je "otijedili" od
homoseksualnosti. Kad je
navršila 18 godina u toj su je
ustanovi zadržali iako im Ana
nije dala, kako to zakon
propisuje, pisano odobrenje.
Ono što se događalo u Lopači

pod stručnom palicom
ravnateljice dr. Mirjane Vulin i dr. Radomira Rakuna nalik je scenariju horor filma. Anu su vezali,
drogirali lijekovima, bacali u samicu, lažirali nalaze da je narkomanka kako bi imali kakvo - takvo
opravdanje da je zadrže. Ana je prvi put puštena na slobodu kada je doktorica Vulin rekla da je
izlječena i da više ne voli cure.

Sigurno se pitate kako kao liječnica/ravnateljica psihijatrijske ustanove može biti osoba koja, unatoč
znanstveno dokazanoj činjenici da homoseksualnost nije bolest i koja od homoseksualnosti "liječi"
premda takve bolesti nema na popisu Svjetske zdravstvene organizacije?

Interview with
Ana Dragičević
"one year later"
on the LORI
website

<http://www.lori.hr/>

Lezbijaska Organizacija Rijeka (LORI)

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Health of lesbian and bisexual women – access barriers in the health care system (Dennert & Wolf, 2009)

- quantitative survey: 578 self-identified lesbian and bisexual women (Dennert, 2005)
- qualitative interviews: 14 lesbian and bisexual women (Wolf, 2004)

↓
negative experiences & experiences of discrimination because of sexual orientation (20 % of survey participants)

- ↓
- decreased client satisfaction
 - interruption of psychotherapy
 - fear of discrimination & less openness regarding sexual orientation
 - lower utilization of health care services, higher utilization of unconventional therapies and healers

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Overcoming access barriers for LGBT

- financial barriers
- geographical barriers
- barriers on the provider side
- utilization

macro level:
health policy – law - ICD

meso level:
LGBT organisations / empowerment – institutions – universities – professional training

micro level:
increased LGBT competence in providers
increased awareness in LGBT people

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Tamsin Wilton (University of West England) [1952-2006]:
„Challenge of change“

*"Far from needing 'special treatment',
lesbian, gay and bisexual [and transgender]
service users share fundamental human
needs, which need to be dealt with in
appropriate ways."*

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Thank you very much



VERBAND VON LESBEN UND SCHWULEN IN DER PSYCHOLOGIE

<http://www.vlsp.de>

Association of Lesbians and Gays in Psychology, Germany

and my colleague in research & discussion
Dr. Gisela Wolf, Freiburg

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